

	JUSTICE AND PUBLIC SAFETY CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES	REFERENCES: 505 KAR 1:110 3-JCRF-5A-10, 11; 5B-01,03-05, 07; 5H-01-03, 06 1-JDTP-3D-07-09, 10, 11-13 1-JBC-1E-06; 5B-04-06; 5C-08, 11, 14, 15; 5I-01,02-04, 07-11, 13, 14 4-JCF-3A-21-26; 3C-01; 3E-01; 5B-04-05, 07; 5C-05-06; 5I-01-02, 2-CO-4B-01; 4G-01
CHAPTER: Program Services		AUTHORITY: KRS 15A.0652
SUBJECT: Individual Treatment Plan and Aftercare Plan		
POLICY NUMBER: DJJ 302		
TOTAL PAGES: 6		
EFFECTIVE DATE: 1/04/2016		
APPROVAL: Bob D. Hayter		, COMMISSIONER

I. POLICY

An individual treatment plan (ITP) and Aftercare Plan shall be developed, implemented, reviewed, and updated as necessary for each youth. The youth, parent or caregiver, and other treatment team members shall have input into the treatment planning process. The treatment planning process shall include assessments of the youth, development of a needs based ITP, ITP reviews, aftercare planning, and the discharge planning conference.

II. APPLICABILITY

This policy shall apply to each Department of Juvenile Justice (DJJ) operated day treatment program, group home, and youth development center (YDC).

III. DEFINITIONS

Refer to Chapter 300.

IV. PROCEDURES

A. Prior to the ITP Conference the following shall be completed:

1. The Juvenile Service Worker (JSW) shall complete the Risk and Criminogenic Needs Assessment (RCNA) and Case Management Needs Assessment (CMNA) in accordance with DJJPP Chapter 6 "Initial Contact and Court Support for Public Offenders" & Chapter 6 "Initial Contact and Court Support for Youthful Offenders".

POLICY NUMBER DJJ 302	EFFECTIVE DATE 1/04/2016	PAGE NUMBER 2 of 6
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- a. The RCNA shall identify dynamic and static risk factors. Dynamic risk factors may be used for treatment planning.
 - b. The CMNA shall identify the needs of the youth. Identified needs shall be used for treatment planning.
2. The JSW shall complete the preliminary home evaluation report, identify the parent or caregiver to be included in the treatment process, and submit the preliminary home evaluation report at the ITP conference.
3. In a YDC, the Treatment Director shall complete the clinical interview.
4. In a YDC, the Treatment Director or youth counselor shall complete trauma and substance abuse assessments (Gain-Q) if the youth has a positive score in those domains on the CMNA.
5. In a group home, the youth counselor shall complete trauma and substance abuse assessments if the youth has a positive score in those domains on the CMNA.
- B. An ITP Conference shall be completed within fourteen (14) days of admission. The youth counselor shall schedule and coordinate the ITP Conference.
 1. The youth, parent or caregiver, and JSW shall be invited to attend this conference;
 2. Family identified natural supports may be included in the ITP conference upon request from parent or caregiver; and
 3. Members of the assigned treatment team shall participate in this conference.
 4. An ITP shall be accompanied by a signature sheet that is signed and dated by ITP conference participants.
- C. An ITP shall be developed for each youth.
 1. The ITP for each youth shall be based on their current needs. The ITP shall include the top three (3) needs identified on the CMNA. It may also include dynamic factors identified by the RCNA, trauma and substance abuse assessments, other assessments when applicable, and information obtained from the clinical interview.
 2. If the youth is a declared juvenile sex offender (JSO) one of the top three (3) needs shall be sex offender treatment.
 3. If the youth has less than three (3) identified treatment needs from the CMNA, dynamic factors identified on the RCNA may be added to the youth's ITP.
 4. If the youth has more than three (3) identified treatment needs from the CMNA, the treatment team shall triage the youth's needs and develop the ITP by combining like need areas or choosing the three

POLICY NUMBER DJJ 302	EFFECTIVE DATE 1/04/2016	PAGE NUMBER 3 of 6
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- (3) highest need areas that are causing the most impairment to functioning.
5. If the need for services is indicated on the trauma screener, the youth shall have the option to add this treatment need area to their ITP. If the youth declines, this declination shall be noted in the ITP.
 6. The level of intervention for substance abuse shall be determined by the Gain-Q or clinical interview and shall be assigned as follows:
 - a. Youth determined to be low risk shall receive an educational packet. The youth counselor shall review the packet with the youth and document the review in the individual client record (ICR);
 - b. Youth determined to be moderate risk shall have a Substance Abuse and Use goal added to their ITP and be placed in Cannabis Youth Treatment (CYT); or
 - c. Youth determined to be high risk shall have a Substance Abuse and Use goal added to their ITP and be placed in Seven Challenges.
 7. For the top three (3) needs identified on the CMNA, the youth shall have a corresponding treatment goal.
 8. A minimum of one of the top three (3) goals shall incorporate family engagement whenever the preliminary home evaluation indicates that the youth will return to the home.
 9. A minimum of one task shall be assigned per goal for each level of the treatment track.
 10. As a youth completes treatment tasks, the treatment team may add additional tasks to address needs not included in the initial ITP as long as doing so does not extend the youth's length of stay.
 11. Any special orders of the committing court shall be included in the ITP.
 12. An aftercare plan shall be developed to assist in the transitioning of a youth back to the community.
- D. Documentation of the ITP shall occur as follows:
1. In a group home and day treatment, the designated Qualified Mental Health Provider (QMHP) shall review and sign the ITP within twenty-one (21) days of admission.
 2. A hard copy of the ITP shall be given to the youth, and sent to the parent or caregiver, and any applicable agency or court, and placed in the ICR within twenty-one (21) days of admission.

POLICY NUMBER DJJ 302	EFFECTIVE DATE 1/04/2016	PAGE NUMBER 4 of 6
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- E. Additional areas shall be addressed during the course of treatment, as appropriate, and may be included as individualized tasks on the youth's ITP. These areas may include:
 1. Behavioral and social needs, including propensity toward violence;
 2. Medical, dental, and physiological needs;
 3. Emotional functioning, identification and review of previous episodes of suicidal or self-harming behaviors, and issues related to the monitoring of positive or negative effects of psychiatric medications;
 4. Academic and vocational assessment;
 5. Individual Plan of Instruction (IPI) or Individual Education Plan (IEP);
 6. Family and environmental needs;
 7. Religious needs;
 8. Legal needs;
 9. Reentry needs and any related requirement for step-down to either a group home or a day treatment program as part of the transition back to the community;
 10. Sexual behavior treatment needs; and
 11. Measurable criteria of expected behavior and accomplishments.
- F. The ITP shall be reviewed every thirty (30) days and updated as needed. In the case of JSO's the ITP shall be reviewed every sixty (60) days and updated as needed. If the date of the review falls on a weekend or holiday, the conference shall be held prior to the designated review date.
 1. The youth counselor shall schedule ITP reviews;
 2. The youth, parent or caregiver, and JSW shall be invited to attend all scheduled reviews;
 3. Family identified natural supports may be included in ITP reviews upon request from parent or caregiver; and
 4. Members of the assigned treatment team shall participate in ITP reviews.
 5. Successful completion of treatment tasks shall be required for youth to advance Levels on their Treatment Track.
 6. Youth may request an interim review of their progress and program status through their assigned youth counselor or the Treatment Director.
 7. Any update to the ITP shall be discussed with the youth, dated, and documented with signatures of the youth and the Superintendent or designee.

POLICY NUMBER DJJ 302	EFFECTIVE DATE 1/04/2016	PAGE NUMBER 5 of 6
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8. The youth and parent or caregiver shall receive a copy of the ITP and subsequent reviews.
- G. The discharge planning conference shall be held fourteen (14) days prior to the youth's anticipated release from placement to finalize the Aftercare Plan and facilitate the transfer of the youth to a lower level of placement.
1. The Aftercare Plan shall address housing, counseling, and medical service needs and may include education and employment needs.
 2. The youth and JSW shall participate in the discharge planning conference.
 3. Every effort shall be made to have the parent or caregiver and natural supports to participate in the discharge planning conference and finalization of the Aftercare Plan.
 4. The youth counselor shall review the most recent home evaluation at the discharge planning conference, and if applicable, the conditions of supervised placement. The conditions of supervised placement shall not be signed by the youth until the day of the youth's release from the placement to reside in the home of the parent or caregiver.
 5. The youth counselor shall have completed the Aftercare Plan which will identify the following:
 - a. The anticipated placement;
 - b. Current medication;
 - c. Needs addressed in treatment and summary of treatment progress; and
 - d. Identified needs that warrant continued service in the lower level of placement.
 6. If the youth is transitioning to the community, the JSW shall use the information obtained through the discharge planning conference and the Aftercare Plan to update the youth's Case Plan and coordinate necessary services for the youth.
 - a. Youth who score high risk on the RCNA shall have specialized coordinated services.
 - b. Specialized services shall address at a minimum:
 - i. Evidenced based family counseling;
 - ii. Referrals for mentoring; and
 - iii. Educational and vocational planning services.
 7. If the youth is transitioning to another the facility, the sending facility is responsible for providing the receiving facility with the Aftercare Plan for the purposes of continuity of coordinating services.

POLICY NUMBER DJJ 302	EFFECTIVE DATE 1/04/2016	PAGE NUMBER 6 of 6
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8. If the youth is stepping down to another facility the receiving facility shall use the Aftercare Plan to update the youth's initial ITP to include only the tasks that require completion at the step down placement in order for youth to be returned to the community.
- H. In cases where a youth's Aftercare Plan includes a step-down to a less restrictive out-of-home placement, the following shall occur:
 1. The home evaluation and Aftercare Plan shall reflect the need for a step-down; and
 2. Step-down shall only be considered after a youth has attained a minimum of development level except in special circumstances such as medical problems, family illness, or the determination of the treatment team or Superintendent that a less restrictive placement is appropriate.
 3. A request for movement for special circumstances shall be made by the Division Director to the Classification Branch Manager for approval.
- I. Participation in the ITP conference, ITP reviews, and the discharge planning conference may occur via teleconferencing or video-conferencing.

V. MONITORING MECHANISM

- A. In a YDC:
 1. The Treatment Director or counselor supervisor shall be responsible for monitoring compliance with this policy;
 2. The Regional Psychologist shall audit compliance on a semi-annual basis; and
 3. Monitoring shall also be conducted by the Quality Assurance (QA) Branch during regularly scheduled reviews.
- B. In a group home and day treatment center:
 1. The Superintendent shall be responsible for monitoring compliance with this policy;
 2. The Regional Psychologist or QMHP designee shall audit compliance on a semi-annual basis; and
 3. Monitoring shall also be conducted by the QA Branch during regularly scheduled reviews.